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ABSTRACT

Summarized are recommendations made by handicapped people and recreation and park professionals at a 1974 forum on meeting the recreation and park needs of the handicapped. A statement of the issue and delegates' reactions are provided on 12 topics: segregation vs. integration; the role of the voluntary health agency and its effect on the responsibility of the community recreator; the importance of having specially trained personnel (therapeutic recreation professionals); the problem of architectural barriers; legislation; financing; the attitudes of nonhandicapped participants; insurance costs; recreation as a rehabilitation tool; the value of consumer input into recreation planning and design; employment of the handicapped in recreation and park occupations; and transportation. Where applicable, specific suggestions are given for national, state, local, or college level actions. Sample conclusions are that separate but equal facilities are never an acceptable objective, and that 5 percent of all funds in public recreation projects should be used to insure and maintain their usability by handicapped people. Appended are four speeches and papers presented during the national forum which focus on topics such as financing recreation services for the ill and handicapped, and efforts of the National Park Service to meet the needs of handicapped persons. (LS)

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PART I : ABOUT THE FORUM

The President's Committee on Employment of the Handicapped and the National Recreation and Park Association cosponsored a "National Forum on Meeting the Recreation and Park Needs of Handicapped People" on August 15-16, 1974. This booklet contains a summary and findings.

WHY WAS THE FORUM CALLED?

Numerous studies and surveys show that many of America's handicapped people are not receiving either a fair share of community-supported recreational services or a reasonable number of recreational alternatives.

The loss of this can be calculated when the importance of recreation is understood. Recreation professionals have repeatedly demonstrated that participation in recreation contributes significantly to the social, intellectual, physical, emotional and spiritual development of the individual.

Thus, to be denied the opportunity to participate in the recreational life of our Nation is to be denied an important activity. Handicapped people, already struggling to overcome great odds in their quest for employment and for a normal life, are further disadvantaged by being denied opportunities to develop through recreation.

In view of the significance of recreation to all people, and in view of the lack of opportunity for the handicapped that presently exists in recreation, the cosponsors of the National Forum believed that the need existed for an exchange between the handicapped consumer and recreation professionals to design a plan of action.

The Forum's sponsors also believed that only when the handicapped with their expectations, limitations, and aspirations were provided the opportunity to measure their recreational needs and wants against the capacities of communities and community based

recreation professionals to serve, would an understanding on both sides result as to what is needed and what is possible in providing recreation and park services to people with handicaps.

WHAT WAS THE GOAL OF THE MEETING?

The goal of this meeting was to bring to the surface all the problems and issues involved in providing recreation and park services for the handicapped and to arrive at creditable, pragmatic solutions designed to achieve maximum recreation and park opportunities for handicapped people.

WHO WERE THE DELEGATES?

In order to accomplish the meeting's goal the two "publics" most intimately involved with the problems were invited to attend. One public, the handicapped, were asked to speak on their own behalf. This consumer group was as representative of America's handicapped population as possible. Spokesmen and women afflicted with each of the major disabilities were invited. Included were the deaf, blind, amputee, paraplegic, cerebral palsied, and epileptic. Also, handicapped representatives from the national voluntary health organizations as well as their staff persons involved in recreation planning were asked to participate.

The other public was the providers of recreation and park services. This group consisted of three segments from the recreation and park profession: (1) recreation and park professional societies; (2) selected community-based recreation and park practitioners, and (3) federal and state agencies with recreation and park concerns.

WHY A FORUM?

In view of the need to surface and discuss all the problems experienced by both handicapped people and recreation professionals in seeking out recreation and in providing services, it was necessary to use a format that promised to promote uninhibited dialoque between both groups. The format best suited for this was a forum. By definition a forum is "an open discussion of ideas," and this was precisely the atmosphere that the sponsors believed necessary to

fairly present the facts and to give credence to the delegates' findings.

PART II : THE DELEGATES' FINDINGS

This section contains the consensus of the delegates on twelve key issues concerning recreation and park programming for the handicapped. Each one of the following issues was assigned to a separate discussion group. Each discussion group included both handicapped people and recreation and park professionals.

In order to begin each group's deliberations on the assigned problem area, a statement describing the questions raised by each issue was reviewed by the delegates. These statements precede their reactions and are included for your information.

ISSUE #1 Segregation vs Integration

STATEMENT: One of the most discussed approaches to recreation and park services for handicapped individuals is: "Are separate programs and facilities better for handicapped people than the ones that integrate them with the general public?" In the past, this question was resolved by public recreation agencies leaving the programming almost entirely to private voluntary health agencies. As a result, initial recreational activities for the handicapped were designed in a segregated manner apart from the general public.

More recently, however, public recreation and park agencies have begun to accept their responsibility for providing services to the handicapped. In general, their initial efforts have tended to follow the pattern established by the voluntary health agencies by providing separate facilities and programs for handicapped people.

Now, with handicapped consumers and their advocates demanding equality of opportunity in all fields and calling for the integration of disabled people into all public recreation and park programs, the question of integration vs segregation has become more crucial. Nevertheless, some professionals continue to support segregated facilities by stating that there are disabled people who are either uncomfortable with their handicap and, consequently, tend to withdraw

from participating in integrated recreation settings, or who lack the skills necessary to participate with non-handicapped people. For these and other reasons this school of thought has concluded that separate programs and facilities are preferable. Further, subscribers to the segregated approach believe that, in this type of a setting, handicapped people can more easily grow to a point where they may, someday, graduate to integrated situations with confidence and increased skills.

Arguments against segregation state that this perpetuates a handicapped person's feeling of being different and further contributes to isolation. This needlessly delays the disabled person's reentry into the mainstream of life and tends to circumvent the responsibility of public recreation professional to serve all segments of the population in their public programming.

Finally, a third school projects the segregated philosophy to every situation involving the handicapped, probably more as a matter of convenience than of conviction. This group takes its cue from both the segregated approach taken by voluntary health agencies and the widely held belief that handicapped people are a special or different group that should be served with separate programs, if served at all!

Which, then is the better approach to programming for persons with disabilities------integration or segregation?

DELEGATES COMMENTS:

The question of segregation vs integration is quite a broad area to come to grips with in any specific way. We have concluded, therefore, that the best way to approach this issue is to formulate a basic fundamental statement of principle which should be used in a variety of ways. First, this statement should serve as a basis for policy decisions at many different levels of administration. Secondly, it should be used as a solid basis for formulating legislation and regulatory material on federal, state and local levels. Thirdly, it could be used as a focus for strategical planning in campaigns designed to change attitudes of the general public toward the disabled as the attitudes of disabled citizens toward their environment.

This statement of principle is as follows:

"All disabled citizens, each according to his/her individual ability, shall be guaranteed access to recreational programs, activities, and/or facilities which are held forth to be "public". (By public we mean both tax supported and publically used but privately owned.)

These programs, activities, and/or facilities shall be planned, altered, renovated and operated in whatever manner is deemed necessary to maintain this principle.

These programs, activities and/or facilities shall encompass and include endeavors which are active and passive, skilled and unskilled and which can be performed on an individual and/or group basis."

This principle is intended to provide or begin to provide what is just due to disabled citizens---their right to be able to choose and have available the same selection of services that able bodied citizens enjoy. It is fully realized that included within this population are individuals who possess a wide collection of ability and limitations. But it must be remembered that the larger able bodied population also possess a variety of abilities and non-disabling limitations that are routinely provided for. This principle, however, does not mean that specially designed programs are to cease and desist, for these, in fact, are further options and degrees of choice that must be available to those who need them. There, in fact, should be as much as possible a welding of the special program with the public recreation and park programs.

The next question, of course, is how do we take this principle and translate it into reality. While there are, in effect, numerous ways to do this generally, the best will be focused on legislation, policy action and attitude change. We feel that the President's Committee and NRPA should take this basic premise or principle, develop it, and refine it, and present it in an appropriate form for consideration on the Federal and national level, wherever it applies.

The same should be done on the state level and translated down to the local jurisdiction by appropriate agencies and organization.

This process would put all on record as to intent and would provide the necessary dialogue and support for legislative and public education efforts.

In addition, we believe that the Civil Rights Act of 1964 should be amended to include the handicapped under as broad a definition as possible. This amendment should state emphatically and clearly that as of a date in the future yet to be set facilities built at that time which are to be public in nature and which are not accessible to the physically handicapped shall be construed to be in violation of the public accommodation section of that act.

RECOMMENDATIONS:

Program-Facility Development

In order to achieve effective integration of the handicapped, all units within the recreation-parks agency or organization must be involved in the process of program planning and implementation for handicapped people. It must not be the exclusive function of a separate department.

Programming should not be based upon diagnostic categories but rather should take into account the life style of the individual (age, interests, skill levels, functional strenghts, etc.)

It is imperative that the potential participants be included in the planning and implementation of recreation programs and facilities.

All recreation and park agencies funded totally or in part by public monies should be required to develop and implement a schedule designed to eliminate architectural barriers and provide integrated facilities.

Conclusion

Integration-segregation is not an either-or issue but integration is the ultimate goal. Segregation is acceptable only if it is appropriate to the developmental growth of the individual at a specific point. Separate but equal facilities are never an acceptable objective.

ISSUE #2 The Role of the Voluntary Health Agency in Recreation Programming for the Handicapped and its Affect on the Responsibility of the Community Recreator.

STATEMENT: Presently, many of the categorical voluntary health agencies (National Association for Retarded Citizens, NESSCCA, NAPH, etc.) promote or actually sponsor recreational activities for their handicapped constituents. The types of activities involved include everything from residential camping and travel to skiing, hiking and competitive athletics.

It's important that we not only understand the underlying reasons responsible for motivating these organizations to expend precious resources to bring recreational experiences to handicapped people but we must also recognize the significance of their actions. The primary consideration began, obviously, with their recognition of the vitally important role that recreation participation plays in the recovery and rehabilitation of the disabled individual. In view of this importance and aware of the unavailability or inaccessibility of public recreation opportunities to the handicapped, these organizations have assumed the responsibility for insuring that disabled peoples' recreational needs are met.

As a result of their involvement in the recreation business, many false and deleterious beliefs have been nurtured. The most common one being an assumption that the organizations serving the handicapped with recreational programs are best suited for this task, and consequently, should not be interferred or "competed" with. Many contend that such a misconception tends to perpetuate the disabled persons segregation from the mainstream of life by discouraging public recreation services from reaching them and, actually shifts the responsibility for providing these services from municipal recreation and park departments to the volunteer groups. While these voluntary groups do employ capable professionals which provide a quality service, they are only filling a vacuum of service and are severely limited in their capacity to serve large numbers of handicapped people, in many locations, with multiple programs.

Some questions that might be discussed on this issue are:
--Do these specialized recreation services tend to relieve the municipal recreators from their responsibility to serve handicapped people?

--How can these existing specialized services, which are so necessary, be managed to insure the promotion of integrating the handicapped into public programs?

--How can the managers of these specialized services and public recreation and park professionals be brought together at all levels to develop a balanced approach which should better serve handicapped people?

--What is the responsibility of the other agencies serving the handicapped who do not promote recreation participation for their constituency, such as vocational rehabilitation, special education, sheltered workshops, other voluntary health agencies, etc.?

DELEGATES COMMENTS

It is universally recognized that municipal park and recreation agencies have an obligation to serve all people by virtue of their sources of funding (taxation - public monies.) It is also recognized that these agencies have an obligation to cooperate with all other community groups providing recreational opportunities including the voluntary health agencies, in order to effectively meet their responsibility to provide services to the total population. In view of these facts it seems obvious and essential that municipal park and recreation department take whatever steps are necessary to maintain their responsibility for being the primary source of public recreation programming. This could best be accomplished by assuming a leadership role in the coordination of any supplemental services that others in the community (i.e., local philanthropic or civic or religious groups or voluntary health organizations) might be providing for handicapped people. It must be recognized that such action means adequate staff awareness and coordination, and accessible municipal facilities.

Likewise, private organizations that sponsor recreational activities for handicapped people such as those parethetically referred to above, must never lose contact with their local parks and recreation departments either through self-interest or neglect. To do so would not only lessen the potential quality of service for those who are to be served but it would also contribute to a gradual shifting of responsibility and interest in serving handicapped people from the public sector to the private one. Such a shift has, is, and will never be appropriate.

It is also recommended that those private health agencies not presently involved in either encouraging or sponsoring recreational activities for handicapped people become so. These groups must

recognize the potential that recreation and leisure opportunities hold for all individuals and exert their influence to encourage the already discouraged disabled to seek them out routinely.

To help facilitate these groups' cooperation a community coordinating council or a similar organizational entity might be formed. It should consist of responsible representatives from all agencies within the community that either have an interest in handicapped people or in recreation or park planning. Larger urban areas may even sectionalize this body in order to more effectively operate. Further, neighborhood councils could be established as the most basic unit of the coordinating council. Some agencies and organizations that should be included on the council are: local park and recreation departments, professional societies and educators; state or local representatives of the National Park Service, U.S. Forest Service, Bureau of Outdoor Recreation; local affiliates of voluntary health organizations including Easter Seal Society, Association for Retarded Citizens, United Cerebral Palsy, Associations of the Deaf or the Blind, organizations of disabled veterans, and others; local religious or service groups who may sponsor recreation programs for handicapped people; vocational rehabilitation; and most importantly, handicapped people themselves!

ISSUE #3 How Important is the Need to Have Specially Trained Personnel (Therapeutic Recreation Professionals) to Conduct Recreation Programs that Serve Handicapped People.

STATEMENT: Historically, recreation has been considered to have certain innate therapeutic qualities. This has been recognized by civilizations throughout time and has been pursued through many forms. Today, however, in our world of specialization, all things seem to be more sophisticated. The increasing growth, and development of therapeutic recreation is a case in point. Of course, growth and development need not be taken as a valid reason for individuals with like interests, concerns, and capabilities to join together calling themselves a profession. Proponents of therapeutic recreation have been criticized on a number of fronts. Recreators have accused them of "not really doing anything that is special; as all recreation should be therapeutic if conducted properly". And they have been criticized by allied fields for "trying to do the job of the special educator, physical therapist or counselor when they are not qualified" and for "taking themselves too seriously; as all they really are is fun and games people who should leave therapy to the therapists."

The reality of the situation seems to clearly indicate that therapeutic recreation is vital and gaining more allies each day. That with increasing recognition and authority, therapeutic recreators are providing appropriate solutions to the specific concerns of the handicapped. Nonetheless,the articulation of what the therapeutic recreator uniquely does, which requires specialized training and deserves the status reserved for professionals, is in need of further exploration and refinement.

In connection with this controversy two crucial questions have emerged. First, is serving handicapped people with recreation programs always a specialized art, significantly apart from the principles governing all other recreation and park professionals, thus requiring the distinct competancies normally attributed to a therapeutic recreation specialist? And, second, if therapeutic recreation specialists are the only ones qualified to deal with handicapped people in recreation and park settings, should municipal services to them be dependent on the availability of therapeutic recreation professionals to conduct their recreation programs?

DELEGATES COMMENTS

Time restrictions do not permit a comprehensive delineation of the facts necessary to establish the professionalism of therapeutic recreation. Many scholarly works and tradition have, in our opinion, already effectively done this. There is, however, an apparent confusion in the statement presented above. While therapeutic recreation is a distinct entity within the recreation and park field, it's designed to serve handicapped and other people who are involved in a rehabilitation process.

These are, in general, the same people who would require separate recreation programs with specialized approaches as considered under the segregation vs integration approaches. Here conventionally prepared recreation and park professionals might not have the background or insights necessary to effectively utilize the recreation process in reinforcing the rehabilitation of the disabled individual. To do this, a special expertise is required, one that makes therapeutic recreation what it is.

This situation cannot, however, be generalized to the point where all recreation and park programs for handicapped populations

must be administered by therapeutic recreation professionals. This is, of course, absurd. Many, in fact, most handicapped people are not in need of separate or therapeutic recreation programs. These people are contributing members of our society, like everyone else, except for a permanent disability. They have the physical and emotional ability necessary to take part in any recreation and park programs providing adaptions are made to compensate for their permanent disability. These adaptions are primarily barrier free design in nature. Consequently, we caution municipal recreation and park professionals not to confuse the duties of the therapeutic recreation specialist to include any and all recreation programming for the handicapped. They too, have a responsibility to serve this segment of the population with their programs and expertise.

RECOMMENDATIONS

National Level

* NTRS must promote a unified front for the therapeutic recreation curriculum. It must sponsor activities that will lead to both an understanding and, recognition of therapeutic recreation as a distinct entity.

* We recognize a changing attitude toward the handicapped, i.e., that they are an emerging minority. The climate is now most appropriate for maximum participation of handicapped persons in recreation programs. NTRS must serve as the enabling organization for providing opportunities for recreation participation of the handicapped.

* NRPA-SPRE must educate recreation and park professionals concerning the role therapeutic recreation plays and how they to can and must serve people with handicaps.

State and Local Levels

* Efforts at these levels would parallel national efforts and become the responsibility of state recreation and park societies.

* Each state should employ a full time state therapeutic recreation consultant.

* In addition to paralleling national recommendations each state society ought to:

    * Monitor state legislative activities insuring that the input of the handicapped consumer is received on all recreation and park matters.

    * Sponsor state-wide Forums like this one so all groups can come together and work towards a common goal.

University or College Level

* Establish distinct/identifiable/viable Therapeutic Recreation curriculum.

* Campaign against architectural barriers in colleges.

* Support Affirmative Action statements on recruitment of disabled students and faculty.

ISSUE: #4 The Problem of Architectural Barriers

STATEMENT: Architectural barriers are the man-made features of our buildings and facilities that limit or inhibit the movement of physically handicapped people. They are steps, narrow doorways (too narrow for a wheelchair to pass through) curbs, steep inclines, loose gravel or sandy surfaces, and inacessible restrooms. As a result of their ubiquity, they are effectively denying millions of handicapped citizens their right to work, travel, worship and recreate.

Many of those who are aware of the architectural barriers problem believe that their existence is symptomatic of our society's misconception that physically handicapped people don't belong out in the community. Others contend that this problem exists because of the general public's lack of awareness concerning the fact that these barriers obstruct the movement of those of us who have physical impairments.

Whatever the reason, they're there---in our parks, in our recreation departments, and in our commercial recreation facilities.

Some of the questions that might be discussed on this issue are:

1. In your opinion, why do these barriers exist in the recreation and park field?

2. What needs to be done to insure their removal?

DELEGATES COMMENTS

The problem of architectural barriers is a well-documented and readily understandable subject. Many competant organizations are presently involved in rather complete and complex efforts designed to work for their "across the board" removal. Yet this type of a problem, by virtue of its enormity, requires the attention and energies of us all. Consequently, we feel justified in inviting the National Recreation and Park Association to become more actively involved in a program designed to influence the eradication of architectural barriers to the handicapped in the recreation and park fields.

The areas that NRPA must focus in on are of two genre; promotion and technical. In connection with the first area, NRPA must educate every recreation and park administrator, practitioner and layman as to the problem these man-made barriers create for physically disabled people. To best accomplish this task, a massive and concerted effort should be undertaken by NRPA designed to expose the implications that narrow doorways, steps, curbs, inaccessible restrooms, loose gravel paths, etc., have for physically handicapped people in recreation and park settings. Articles, visual displays, speeches, etc., should appear regularly in Parks and Recreation magazine, at the National Congress, and most importantly, at local gatherings of recreation and park professionals. Passive support of barrier-free recreation and park facilities must henceforth be viewed as no support at all. The top leadership of NRPA must be made to understand this proposition and made to move in the most active way possible.

The other area that NRPA must focus in on as the leading professional organization in its field is the technical area. Design ideas and criterion must be collected and widely disseminated among the profession. Design concepts for making recreation and park facilities accessible should be frequent topics at professional meetings and in professional journals. The many organizations involved in promoting a barrier free environment should be contacted by NRPA and its state counterparts to

aid in this effort. For the most part these groups (Easter Seal Society, United Cerebral Palsy, President's Committee on Employment of the Handicapped, Governors' Committees on Employment of the Handicapped, etc.) have printed materials that can be used in this effort and are willing and eager to become a party to any barrier removal program.

We must emphasize, however, that in order to successfully promote barrier free recreation and park facilities this campaign must not be the sole responsibility of the NTRS branch, but rather it must come from the top officials of NRPA on down. Unless the leadership gives this cause its 100% support and actively moves to translate this support into a meaningful program, not much can result. NRPA's leadership must firmly establish barrier free design as the new professional vogue. NRPA's leadership must strive to create a climate of professionalism that includes barrier free parks, park lands and recreational facilities both commercial and public, as one of its most integral characteristics.

RECOMMENDATIONS

Recreation and Park professionals must be made aware of the existing federal and state legislation that demands barrier free facilities where state or federal funds are used.

Recreation and Park professionals must be made aware of the problem of architectural barriers to the handicapped and the solution to that problem. This can be best accomplished from NRPA's national office with the support and cooperation of the President's Committee on Employment of the Handicapped, Easter Seal Society, United Cerebral Palsy, etc.

Each recreation or park entity, commercial or public, should contact a group of handicapped people or an advocacy group for guidance concerning the identification of architectural barriers within their domains and for information on how best to eliminate them.

ISSUE: #5 Legislation Affecting Participation of Handicapped Persons in Recreation Programs and Facilities.

STATEMENT: In general there are two specific items of legislation which impact on the rights of handicapped persons to participate in recreation programs and facilities. There are other Acts which relate to the development of programs and personnel.

The Architectural Barriers Act of 1968 (PL 90-480) requires that all buildings and facilities which are intended for public use and which will be financed in whole or in part or leased with Federal funds shall be designed and constructed so as to insure accessibility and usability by the physically handicapped. All fifty states have adopted corresponding legislation regarding the use of state funds.

The Rehabilitation Act of 1973 (PL 93-112) contains a non-discrimination clause which states: "No otherwise qualified handicapped individual shall by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

The Architectural Barriers Act has recently been supported in the area of recreation development by policy statements adopted by the Bureau of Outdoor Recreation, the National Park Service, the Federal Power Commission, Soil Conservation Service and the U.S. Forestry Service. The Rehabilitation Act clause is still new enough that it is difficult to determine what impact it can have and should have on recreation services. Yet, even with these laws, there are new facilities being built every day at local and state levels that are not accessible and which deny handicapped persons the opportunity to participate. Some action seems to be needed to see that existing legislation is enforced and to create new legislation in instances where current legislation is not conclusive.

A second area of legislative concern is the area of funding for programs and personnel development. In general, there are funds available for the training of personnel to work in the area of recreation with handicapped persons and some funds available in the area of research. Some individuals have succeeded in tapping other Federal funding programs to support recreation services, but, at this time, there are no specific funding programs for the provision of actual services.

It would seem that efforts are needed to develop funding programs or to expand the availability of existing programs to cover recreation services.

Some, however, contend that additional funding from the Federal level is not the proper approach. They say this is a local problem and consequently, subject to relief at the state and local level.

1. What should be the nature of Federal legislation, State legislation, or local legislation for recreation for the ill and handicapped?

2. To what extent have the recreational and cultural needs of the ill and handicapped been addressed in current legislation for special education, vocational rehabilitation, humanities, and the arts, etc.? How can this "rehabilitation" or "cultural" legislation be amended to address itself to the recreational, park, and cultural needs of the ill and handicapped?

DELEGATES COMMENTS

While existing legislation would appear to be adequate insofar as insuring the accessibility of park and recreation facilities to disabled people, it is not. The fact is that many facilities financed in whole or in part with federal or state funds are being constructed in total or technical defiance of these laws with little or no regard for the needs of handicapped people.

To remedy this extremely unjust and insensitive travesty two tacks or approaches seem appropriate. The first, and possibly, the more effective approach is the negative one. If administrators and agencies doubt the intent of Congress or state legislatures by "overlooking" or ineffectively observing the applicable laws, then suits must be brought against them. Nothing opens eyes faster, energizes administrators and agencies more quickly than court-ordered action.

The other suggested approach to this problem while being more positive is also more passive, and consequently, easier to ignore. Nevertheless, it must be faithfully executed if a solid foundation for change is ever to be hoped for. And that approach is an education of the general public concerning the handicapped person's need for barrier free recreation and park facilities, and buildings, and the need to strictly observe these laws.

In the area of advocating legislation to provide funds for programs for the handicapped we suggest that funds are already available for this purpose. Millions, in fact, billions of tax dollars are appropriated annually to various federal, state and municipal agencies with recreation interests. Since these are public agencies, a fair amount of their effort and resources should be channeled or focused in a manner that insures the recreational needs of nearly 20 million Americans are met.

RECOMMENDATIONS

Establish a system of regional, state and local monitors (advocates) designed to insure that all federal and state laws and regulations concerning the handicapped are being observed and complied with. The agencies involved in recreation and park planning, facility development and programming should designate monitors within their various functions to carry out this duty. For example; the Bureau of Outdoor Recreation should establish or designate an office or subdivision whose primary responsibility is to insure that the activities of the agency reflect the needs of handicapped people. This would include a review of all new facilities before the funding process is complete. Special consideration should be made to have at least one handicapped person intimately involved in the monitoring procedure in each agency and at every level.

Systematically educate park and recreation progessionals, laymen, and architects both in public and commercial enterprises concerning their responsibility to include the needs of the handicapped in all phases of the planning and developing of recreation and park programs and facilities. This duty could be easily accomplished by each agency if they would assumed the responsibility for educating their own functionaries. A special effort should be made to coordinate this in-service training with organizations serving handicapped people. For example, NTRS, AAHPER and the President's Committee could provide technical assistance and guidance for these efforts.

Likewise a more organized and systematic effort ought to be launched by recreation and park educators to sensitize and educate recreation and park professionals as to the needs and rights of handicapped people and the laws that protect those rights. SPRE ought to accept this challenge and, through its membership, work to achieve this goal. A minimum of one course in therapeutic recreation and architectural planning for the handicapped should be required for

graduation or certification as a professional.

Consumer groups and groups serving the handicapped ought to eudcate handicapped people concerning their rights to recreation and park facilities and the laws insuring those rights. In addition, these groups ought to promote recreation participation, thereby creating an unignorable demand for services by the handicapped people at the municipal and local level.

As a rule it is suggested that 5% of all funds in public recreation projects be used to insure and maintain their useability by handicapped people. This would be in addition to whatever funds are needed to insure their accessibility.

The Department of Transportation should ammend existing legislation or establish regulations that insure the accessibility of all public transportation and highway rest stops.

The President's Committee on Physical Fitness and Sports must make its programs accessible to handicapped people and develop an outreach effort designed to encourage handicapped people to become physically fit.

Federally supported health programs such as Medicare, Medicaid and Vocational Rehabilitation should be ammended to include monies for the recreation and leisure rehabilitation of disabled people.

ISSUE: #6 Financing Recreation Programs for the Handicapped

STATEMENT: Instinctively, many recreation and park professionals argue that if they were to extend recreational opportunities to handicapped people it would mean an increased financial burden on their departments. Consequently, they continue, until additional funds are forthcoming for this purpose, the extending of recreation programs to handicapped people is beyond their capability.

In addition, they ask, how can we justify expending proportionally higher amounts of money on recreation programs for the handicapped when we have the responsibility to serve the entire community?

Those advocating for increased recreational services for handicapped people counter with the position that to mathematically equate extending recreational opportunities for disabled people with increased costs is to utterly disregard the mandate to serve the public that these recreation and park departments have been given. They reason that no true subscriber to the democratic process can ever define the term public to mean all citizens except those with handicaps. And, they continue, when arguing that before recreational services are extended to handicapped people additional funds must be forthcoming one is, in effect, suggesting that handicapped people are not a part of the general public. In other words, no matter how large or small your budget may be, a portion thereof must be used to get the service its supporting to disabled people.

While the advocates' position is more willing accepted when discussing those handicapped people who, with certain architectural and attitudinal considerations, could easily be integrated into already existing programs, it becomes increasingly difficult to subscribe to as the disability becomes more severe.

Some questions that might be discussed on this issue are:

1. How can the philosophical and practical considerations be welded into one common approach?

2. Concerning the more severely disabled, how can we justify services to them in view of the proportionally higher drain on existing budgets that these services create?

DELEGATES COMMENTS

The provision of recreation and park services to handicapped people is not a subject that should be discussed or argued on a cost-effectiveness basis. The fact is, that while special or separate recreation and park services programs for those handicapped people who cannot be integrated into routine programming given the elimination of all existing attitudinal and architectural barriers cost more, its provision is not only a desireable function of the municipal department, but a required one. Consequently, we are of the opinion that to continue to argue this subject in strictly a financial context, either for or against, is to entirely miss the

point. In addition, such debating only serves to cloud over and obscure the real issue here and that is the purpose of public recreation and park agencies. Their purpose, simply stated, is to serve all people, not just those who are the most economically feasible, with public recreation and park opportunities.

In order to make this responsibility more obvious one must recall the long-recognized principle that not every member of the general public possesses the same recreational interests or skills as everyone else. The elderly seldom display an interest in summer league basketball programs, and young, energetic teenagers aren't apt to enjoy a quiet summer afternoon playing a sedentary game of checkers. To meet these differing skills and interests, recreation and park departments have been adept at providing a wide variety of programs under its multiple programs approach. We wonder why this universally accepted principle isn't being extended to justify the routine providing of sheltered or segregated recreational experiences for those handicapped people who by virtue of their disability, display different recreational skills or interests just as the elderly, or the young, or men, or women do.

Since such an extension of the multiple programs approach seems logical we would, therefore, suggest that all recreation and park departments immediately add to their list of target populations those handicapped people who cannot be integrated into routine programming. While making this conceptual adjustment we further demand that they also make every effort to insure the accessibility of all other programs to those handicapped people who have the necessary skills and interests to participate in the special programs for the young teenager or elderly, or men, or women.

Admittedly, this approach to the problem doesn't increase over-burdended recreation and park department budgets. It does, however, demand a fair and equal application of existing resources to all segments of the population including the handicapped one. Nevertheless, more monies are urgently needed to upgrade recreational services to the disabled and to help local recreation and park departments meet their responsibilities. At no time should this gesture be construed to mean programming for the handicapped is contingent upon special funds for this purpose!

Thus, in order to help alleviate this need while firmly maintaining our aforementioned principle, we offer the following recommendations:

RECOMMENDATIONS

NRPA and AAHPER should continue and expand their efforts in collecting and disseminating information on resources for financing recreation services and programs for disabled persons.

National offices of voluntary health agencies should play stronger advocate roles. They should plan and work together in relation to broad issues such as delivery of leisure services, transportation, job discrimination, research in use of therapeutic recreation as a tool in rehabilitation and habilitation of the disabled.

Newly created Office of the Handicapped in HEW should consider leisure services for the disabled and therapeutic recreation services in rehabilitation and habilitation programs as high priority needs to help insure funding for training, research and direct service from the various federal HEW agencies.

All States should have legislation funded at an adequate level which allows local communities to apply for funds, on an ongoing basis, for the development and continued operation of recreation services for their disabled residents.

Disabled consumers should be organized to serve as activist spokesmen to help obtain adequate budgetary support for public recreation services for all disabled residents. Recreation Department Staffs, voluntary health agency staffs, and organized disabled groups, i.e., disabled veterans, social clubs, should work together to organize such activist consumer groups.

Voluntary health agencies and public recreation agencies should pool their resources and work together to provide coordinated leisure and recreation services which will best suit the needs and interests of all disabled persons.

Public recreation agencies should reach out to service organizations, church groups and other local clubs and organizations to obtain their assistance in financing, either through financial or in kind contributions, in developing and operating recreation services for the disabled.

Graduate programs in Therapeutic Recreation should utilize field work and internship courses to assign students to agencies needing

assistance in developing or expanding recreation services to disabled persons.

More scholarships and other financial assistance should be provided to help recruit and train disabled and disadvantaged students for the field of recreation and the specialization of therapeutic recreation.

All college and university curriculums should have at least one course in recreation for special populations which all recreation and park majors are required to take.

All Recreation Education Departments should develop courses or other experiences to promote better communication among students and faculty in recreation, park administration, architecture, landscape architecture, rehabilitation, and other related disciplines.

Disabled consumers should get together to jointly develop priorities in relation to development and delivery of recreation services and then approach the public recreation agency with their requests.

Recreation professionals must accept the responsibility of becoming outspoken advocates for the rights of disabled and disadvantaged persons to participate in public, private and commercial recreation services and programs and have access to public and private and commercial outdoor recreation facilities and areas.

ISSUE #7 The Effects of Disability on Non-Handicapped Participants . . . . A Problem of Attitudes.

STATEMENT: A general feeling exists that three types of attitudes prevail regarding disabled individuals. The first is nagavistic, which relates to intentional discrimination and segregation of the disabled. The second is positivistic, relating to acceptance and integration. And, the third are anomic attitudes which are neither negative or positive but are usually relate to unawareness, uncertainity, and sometimes apathy. Anomic attitudes are not necessairly malicious or purposefully discriminatory, rather they reflect a lack of consideration for disability groups.

The general problem surrounding the stigma of disabled individuals lies primarily within anomic attitudes. The etiology of such attitudes may well lie in the tradition of institutionalization of individuals

perceived as deviates from the norm of society. As a result, society has not been exposed to various disabilities, therefore, the institutionalized were conveniently forgotten. Currently, the trend in the rehabilitation process is changing, and the disabled are being habilitated in their own communities. People, for the first time, are becoming aware of disabilities and forced to consider them in planning.

In a recreation setting, it is easy to imagine the reactions of parents who bring their children to a playground program and encounter a mentally retarded youth when they were not expecting it. What reactions do they emit? Another example may be the reaction of individuals who attend a public pool and encounter several amputees or a cerebral palsied individual. What types of questions are raised? Regardless of responses, it again returns to a problem of expectancy and attitudes. As the disabled become more actively involved in general programs, a more concerted effort must be made to create change. It therefore becomes imperative to define how attitudes may change and further define those whose responsibility it is to effect change.

Like any other minority group, the disabled must become actively involved in their own plight. No minority group has become recognized without pressing their demands upon decision makers. Society is very reluctant to engage itself in any cause unless the issue is forced upon it and those groups who exert pressure persistently, not occasionally, and in an organized manner, not haphazardly, are the ones who have created change. Therefore, it becomes the responsibility of the disabled to make their needs known.

Some legislation and litigation exists and is working to benefit the disabled individual. For example, Public Law 90-480 requires all newly constructed federally funded facilities to be accessible, airlines may soon be required to adopt guidelines for flying physically disabled individuals, confidentiality of records is being pressed, etc., etc. All the signs point to change, but change does not come unless it is sought. Attitudes present problems in becoming involved, but exactly whose attitude is questionable: is it the fault of the able public or disabled monority?

* What are the responsibilities of the handicapped in effecting change in this area?

* What are the recreators' responsibilities?

DELEGATES COMMENTS

Recognizing that a number of persons in our society hold a less than "positive" attitude toward the handicapped and that attitudes can be changed or modified, we feel it is the responsibility of individuals and groups representing professional societies, voluntary health agencies, and private organizations concerned with recreation and leisure for the handicapped to:

1. Become more knowledgeable about the handicapped in order to better understand their views, needs and abilities and to:

2. Make a concerted effort to initiate ways and means of changing or modifying attitudes of the able-bodied toward the handicapped.

Handicapped individuals and groups have an equal responsibility to work toward an attitudinal change. They should:

1. Become more knowledgeable with regard to the recreator's responsibilities and the scope of his/her position in order to better understand the possibilities as well as the limitations of this type of service.

2. Become aware of all of the recreation and leisure programs and services available in the local community, and

3. Communicate and educate able-bodied individuals and groups by continuously presenting and pursuing "positive-activist" programs and policies.

In addition, we make the following specific recommendations:

Professional societies, voluntary health agencies, and private organizations should:

National level

1. Establish advocacy committees composed of both able-bodied and handicapped persons to promote equal opportunities in recreation and parks programs for al citizens.

2. Plan national conferences and workshops directed at professionals, citizens, governmental offices, and

consumer groups for the purpose of exchanging views, promoting better understanding, better communication and for the purpose of general education. Consumers should be used as panelists and speakers whenever possible.

3. These agencies should publish and distribute literature of all types to promote better recreation and parks services for the handicapped.

4. Act as a resource center for disseminating audio-visual materials and printed materials as well as to act as a referral service to fill requests for speakers on a variety of subjects relating to the handicapped.

5. Establish inter-agency committees to foster better communication; to sponsor joint conferences, and workshops and generally to promote projects and services on behalf of the handicapped.

Local or Community Level

Here, the handicapped consumer's responsibility should be to:

1. Evaluate local recreation resources within their communities and plan a realistic approach to seek the establishment of additional services and programs.

2. Establish better communication with the able-bodied and become active and involved in local recreation programs in order to have an "input" into future policies.

3. Assume the responsibility to influence co-workers, employers, and community groups of able-bodied persons (i.e., church groups, service groups) in order to communicate the needs of the handicapped and stress the community's responsibility to respond to these needs.

The recreator's responsibility should be to:

1. Establish communication with handicapped individuals and groups through utilization of consumers or advisory groups and other representative organizations.

2. Employ handicapped persons as professionals and para-professionals in recreation programs.

3. Establish integrated programs in the recreation department to expose the able-bodied to the handicapped and vice versa.

University or College Level

We feel it is the handicapped consumer's responsibility to:

1. Become more involved in student activities and social life on campus.

2. Encourage the college to help handicapped persons explore the possibility of becoming professionals.

We feel it is the recreator's responsibility to:

1. Recruit handicapped persons into the professional curriculum.

2. Invite handicapped persons as speakers in classroom situations.

3. Offer a general introductory course in therapeutic recreation to all students for general credit... required for recreation majors.

4. Encourage independent studies in the field of the handicapped.

Institutional Level

We feel both the handicapped consumer and the recreator in an institution should:

1. Integrate as many disabilities as possible into single activities either between patients and/or between hospitals.

2. Expose the institutionalized to on-going community activities, whether it be public, private, or commercial activities.

3. Help change attitudes by having volunteers come into the institution and promote exposure by inter-relating the handicapped with the able-bodied.

ISSUE: #8 Insurance Costs - Fact or Myth?

STATEMENT: Some opposition to recreation programming for the handicapped has recently surfaced with the excuse that when public or municipal programs are opened up to disabled people, operating costs rise. This contention is more often cited as a probable rather than an experienced result. In other words, this fear is used by some even though no substantial documentation exists to support their contention. The net result, of course, is another obstacle, real or imagined, placed between recreation service and handicapped people.

* What has been your experience in this area?

* Do insurance rates rise as a result of opening up services to handicapped people?

* Are insurance rates lowered when removing barriers from recreation and park facilities?

* How much of a real problem is this issue?

DELEGATES COMMENTS

After some deliberation on this subject the group generally agreed that the issue of insurance costs with respect to programming for the handicapped is not a legitimate argument. Most cities and agencies who have truely wanted to program for the handicapped have not found this to be an impediment.

Rather, the committee sees the issue of insurance in many cases as an "excuse" to discriminate against the handicapped. In other words, the real problem would seem to be an attempt to restrict the handicapped citizen from a status of equality and more importantly, from humanity itself.

This would also seem to be the situation with various private agencies and industries and their attitudes toward people with handicaps. They have used this argument to meet their own needs and economic ends.

Only these agencies know their own motives for this type of "discrimination" and it may only be through litigation that the handicapped consumer will be free to use private and public recreation services.

The following statement, issued by the American Mutual Insurance Alliance, the professional association of insurance companies, seems to clarify this issue for once and for all.

Banning Barriers Means Boons in Insurance

* Workemn's Compensation: Rehabilitation and re-employment of job-injured workers is the chief goal of our workmen's compensation system. Workers who can gain employment after a job injury benefit by being self-supporting and productive. Employers benefit from rehabilitation through reduction in compensation insurance premiums. Also, elimination of barriers reduces the chances of work-connected accidents involving able-bodied workers.

* Public Liability: Surveys of buildings that have aids for the handicapped indicate that such buildings have fewer tripping and falling hazards, thus reducing public liability claims. Nonslip floors and ramps, for example, lessen chances for accidents. Under experience rating plans, policy-holders may gain rate reductions on public liability policies by breaking their architectural barriers.

* Fire: Standards recommended for aiding the handicapped also meet the highest fire prevention standards. Wide doors and ramps permit rapid evacuation. Improved placement and marking of fire alarms may speed notification of fire departments.

* Health and Accident: Fewer accidents in public buildings would reduce losses and rates under health insurance policies. And, project leaders point out, provision of self-help facilities for the handicapped eliminates the need to carry disabled persons, a practice that frequently results in painful and costly back injuries.

ISSUE: #9 Recreation as a Rehabilitation Tool

STATEMENT: Although participation in recreation is not accepted as "therapy" by most Federal agencies in terms of usually providing funds for the provision of recreation service, the view is held by many professionals that recreation is, indeed, "therapeutic."

Their argument is strengethened when considering recreation for special populations, i.e., for handicapped people. In this context its easier to understand the part recreation can play in the recovery and rehabilitation of the ill and handicapped. Nevertheless, even in these instances some Federal agencies have exhibited a severe resistance to including recreation service among health related services for funding purposes.

As a result, the importance of recreation in its relation to other services and in terms of its support, suffers greatly. One is further confused on this issue by the expendable nature that recreation services for the handicapped exhibits whenever budget cuts are experienced. If recreation does, in fact, play a vital part in the rehabilitation of the individual, it ought to be consistently reflected in program support.

Another question concerning recreation as a rehabilitation tool is, assuming recreation plays a vital role in the rehabilitation process, what responsibilities should rehabilitation agencies, workshops, special education facilities, and organizations of and for handicapped people assume in promoting it's proper utilization and support?

DELEGATES COMMENTS

In general, recreation has been viewed by the public as an extraneous pursuit rather than an important adjunct to life. This has been the case because recreation's true worth to the individual has not been adequately promulgated either in the educational system or via the usual promotional techniques. Consequently, recreation's place among services is not as firmly established as it might be with those who control or administer the allocation of public monies.

This is an unfortunate situation because recreation does play a vital role in insuring a normal life. It does contribute significantly to the physical, emotional, spititual, intellectual, and cultural development of the individual. In some instances its qualities can be therapeutic to the extent that makes recreation a health related service.

While all this has been documented and accepted among academicians, it is not common knowledge. As a result, recreation has suffered during austere times in both public and private budgets.

We conclude, therefore, that a new, organized, and concerted effort designed to establish the true meaning and significance of recreation be undertaken by educators as well as recreation professionals. Further, in view of recreation's value in the rehabilitation of a disabled individual, efforts should be initiated within voluntary health agencies and other organizations of, by and for the handicapped that are designed to alert the disabled people they serve concerning recreation's potential for them. The importance of this task cannot be over-emphasized. Until handicapped people are motivated to overcome their fears about recreation participation, made aware of its importance to them and encouraged to participate to the fullest extent possible, recreation for the handicapped cannot enjoy the same rights and priviledges afforded other disciplines. In addition, an educational effort in this area directed toward handicapped people will serve to increase their demand for services, forcing municipal recreation and park department officials as well as funding officials to come to terms with the issues involved.

In other words, promoting recreation for handicapped people will achieve three goals: 1.) Improve their quality of life; 2.) Serve to develop more opportunities for recreation participation; and 3.) More firmly establish recreation and recreation for the handicapped as a bona fide vehicle capable of aiding in the rehabilitation process, thereby strengthening its place among services.

ISSUE: #10 The Value of Consumer Input into Recreation Planning and Design

STATEMENT: Presently, the needs of handicapped people are not being adequately met by either our public or private recreation and park agencies. Part of the problem lies in the lack of awareness most

recreation and park professionals have for the needs of handicapped people. This includes both the technology necessary to permit them easy access and the climate of acceptance and encouragement necessary to make them feel welcome.

In order to overcome these difficulties handicapped consumer groups and voluntary health agencies have been recommending the direct involvement of disabled people in the decision making process. They theorize that those who are inhibited by architectural barriers are the best resource people to utilize when attempting to identify and remove barriers from their path.

Also, it is said, their presence helps to expose those who might be distant or even adverse to recreating with handicapped people to the humanity behind the disability, thereby reducing any attitudinal barriers that might also be present.

What are the values of having handicapped people directly involved in recreation planning and design?

DELEGATES COMMENTS

Designing a recreation program is similar to making a suit of clothes: correct specifications must be developed so that the finished product fits the consumer. Community recreation service delivery systems should be conceived as accurately as possible to meet the needs, preferences, and desires of a wide range of potential consumers, which includes persons who require certain modifications and adaptions of facilities, equipment and activities because of physical, emotional, or intellectual disabilities.

Representation of both disabled and able-bodied citizens during the planning process is highly effective means of assuring that programming responds to the actual needs of participants. Even the most sensitive and aware recreation professional cannot fully perceive or understand the often subtle problems which confront a disabled person who tries to use standard equipment, move into and within standard facilities, and participate according to standard rules and regulations.

Input from consumers can:

1. Assist professional planners and programmers in identifying problems or hindrances which may prevent satisfying participation by disabled consumers.

2. Provide assurance that newly designed and/or renovated facilities and newly purchased equipment will meet the needs of the potential user.

3. Facilitate the processes of normalization by building into designs and plans features which encourage participation by disabled persons.

4. Facilitate attitudinal change in both the able-bodied and disabled populations by pointing out the many needs and characteristics which these groups have in common.

5. Provide greater assurance that the rights to leisure is achieved by all citizens.

It is important that all contributors to the planning process understand that they complement and supplement each other and that their varied perspectives will be meshed appropriately by the recreation professional who brings a specialized skill into the planning process. As the community residents begin to understand that their needs and opinions are actually being taken into account during the framing of recreation services, the common problem of fighting too hard and loud will be lessened and a more harmonious working relationship will occur.

RECOMMENDATIONS

National Level

1. A system for exchanging information can be established between national associations involved in recreation program planning and facility design and national organizations representing handicapped groups.

2. National Consumer organizations should request that their state and local chapters become involved with state and local agencies providing recreation services.

3. Current relevant legislation and standards concerning designing of facilities be provided to national organizations with directions to desemminate to state and local organizations.

4. Have President's Committee compile a list of types of facilities completed or under consideration relative to the handicapped, and who to contact relative to the same (i.e., nature trails for the blind.) This resource list should be made available to professionals as well as the consumers.

State Level

1. State organizations concerned with facility and program design and planning, state chapters of consumer organizations (i.e., Easter Seal, etc.) state agencies and related professionals involved in provision of recreation and leisure services hold workshops, Forums, etc., concerned with the needs, problems and issues involved in providing recreation and leisure services to handicapped people.

2. State Committees on Employment of the Handicapped have representation from state and local park and recreation people as well as members from consumer constituencies.

Community or Local Level

1. Consumer input regarding program needs and facility design should be obtained before implementing design.

2. Consumer surveys should be conducted by agencies providing recreation and leisure services to identify populations and determine needs and location of consumers.

3. Dialogues between consumers and planners should be routine agenda items during local meetings, workshops, and in-service training programs.

4. Representatives of handicapped organizations should be asked and encouraged to attend public hearings, meetings, etc., to express their recreation and leisure needs.

5. Advisory boards of handicapped persons be established to provide consultation and advice concerning proposed planning and design of facilities.

University or College Level

University programs concerned with the planning, and design of facilities should implement courses within their curriculum dealing with handicapped consumers' needs and special problems.

ISSUE: #11 Employment of the Handicapped in Recreation and Park Occupations

STATEMENT: Handicapped people are employed in every field IN EVERY CONCEIVABLE OCCUPATION. Probably, the least, percentage wise, number of handicapped people are presently employed in Municipal Recreation and Park Departments. A recent U. S. Department of Labor study revealed that only 0.5% of the work force was disabled. When made aware of the fact that nearly 12% of our population is disabled, a serious imbalance becomes obvious.

Many advocates encouraging the utilization of handicapped workers in the Recreation and Park fields cite the positive benefits that could be gained if qualified handicapped people were employed. They are: 1.) their presence would insure that during all phases of planning the needs of the handicapped would be represented. 2.) the presence of handicapped professionals would give the department a ready resource to answer questions concerning the needs of handicapped people, and 3.) the employment of handicapped people would further encourage other disabled people to look towards recreation as a life-enhancing activity.

Others are confused about the abilities of the handicapped to perform on the job. They worry that a handicapped person might offend the general public. Or that employing the handicapped might upset workmens compensation or insurance costs.

What are the pros and cons associated with employment of handicapped people in recreation?

What are everyone's responsibilities in this area?

How can more training opportunities be open to handicapped people so more can qualify for all types of recreation and park occupations?

DELEGATES COMMENTS

Two years ago the National Recreation and Park Association published Guidelines for Action which outlined specific procedures and considerations for employment of the handicapped in recreation service programs. The group would like to know the status of those guidelines. That is, are they being utilized or lying dormant?

As Guidelines for Action by National Recreation and Park Association and similar material on employment of the handicapped by the President's Committee are readily available and quite detailed, the group decided to address the topic of employment of the handicapped in recreation and park occupations in a general rather than more specific manner.

RECOMMENDATIONS

National Level

1. The National Therapeutic Recreation Society through its States Advisory Council assume more responsibility for promotion of recreation representation on the Governors' Committees for Employment of the Handicapped, and that the Massachusetts model (formation of a Committee on Recreation under the auspices of the Massachusetts Governor's Commission) be considered as one alternative for providing this representation.

2. The President's Committee through the Recreation Sub-committee develop appropriate recruitment materials and facilitate dissemination of these materials through appropriate agencies.

3. Monies be set aside specifically for training handicapped persons in each recreation curriculum. Further, the evaluation of that effort should be monitored by NRPA.

4. Employment opportunities for the handicapped in recreation and park agencies be promoted within agencies that already work with the disabled. Further, there should be a promotion of voluntary monitoring of the effort to oversee the accomplishment of these objectives.

5. Federal funds should be allocated for adapting facilities to meet the needs of the handicapped.

6. National organizations such as the National Recreation and Park Association and/or the President's Committee on Employment of the Handicapped set a positive example by employing handicapped persons.

State Level

1. A manpower assessment be made at all levels of involvement (i.e., national, state, local) by the Governor's Committees on Employment of the Handicapped in each state to determine the potential that may exist for the employment of handicapped individuals in recreation and park programs.

2. Information materials on career possibilities in recreation should be developed for distribution to and use by High School guidance counselors in recruiting and counseling handicapped students.

3. Large organizations employing large numbers of recreation personnel should be encouraged to have specialists who are trained in the recruitment, in-service training, and placement of handicapped persons.

Community or Local Level

We recommend that agencies involved in recreation services should revise job announcements and descriptions to indicate a need for and a desire to employ handicapped individuals.

ISSUE: #12 Transportation

STATEMENT: One of the most difficult problems to overcome once facilities and programs are accessible to the physically handicapped is transportation. Once again, those physically limited individuals who experience mobility problems often find the getting to and from recreational activities a physical impossibility. Public transportation vehicles and systems are inaccessible. The only reliable system available to them is a privately owned vehicle. But disability often means unemployment or underemployment. As a result, ownership of private vehicles is generally not the rule.

What responsibilities does the recreation provider have for providing or advocating for accessible transportation.

What are some of the solutions to the transportation dilema?

DELEGATES COMMENTS

Concerning the responsibility of the recreation and park provider for providing or advocating accessible transportation, we believe:

a.) The providers of goods and services must always recognize that among consumer groups there are individuals with unique needs that are not being met by existing transportation systems and equipment; and,

b.) The providers of these goods and services must seek out consumers to assist in identifying and solving the problem in their area.

Concerning possible solutions to the transportation dilemma we believe the following course of action should be undertaken:

a.) Develop awareness of the problem of transportation for the handicapped to the general public, key agencies, groups, and individuals.

b.) Stress commitment to the task of solving the problem that all people have the right to transportation.

c.) Advocate that budgetary considerations for transportation be included in all program budgets.

d.) Identify how transportation vehicles are lacking in meeting the needs of all people.

Finally, we would encourage recreation and park providers to examine more closely the transportation problems in their communities as the logical prelude to any recreational experience. Obviously, the best conceived programs are meaningless if no one or even if not everyone is capable of partaking in them. Therefore, recreation and park professionals should exert their influence to encourage the establishment of accessible public transportation systems.

A FINAL WORD

The experience of the Forum was such that many of the delegates in attendance recommended that similar forums be conducted at both the state and local level. This recommendation was based on their belief that while the issues involved would be strikingly similar, the solutions would vary dramatically. In addition, the forum concept provides a unique opportunity for local or state agencies, organization and consumers to come together and express their views, hear the views of other interests, and grow in both understanding and cooperation.

If your group concurs and would like more information on how to go about organizing, arranging and conducting a forum in your area, please write to the Committee on Recreaion and Leisure, President's Committee on Employment of the Handicapped, Washington, D. C. 20210.

A P P E N D I X

SPEECHES AND PAPERS PRESENTED

DURING

THE NATIONAL FORUM

"Financing Recreation Services for the Ill and Handicapped"

Remarks by Dr. John A. Nesbitt
Chairman, Recreation Education Program
University of Iowa, Iowa City, IA

Financing Recreation Services for the Ill and Handicapped

There are half a dozen really fundamental problem areas in recreation for the ill and handicapped. Prejudice toward the ill and handicapped in all spheres of life - education, employment, and recreation - is one of the major problems. Indifference to handicapped people by architects, urban and regional planners, builders, city officials and so on in the construction of buildings and facilities that automatically exclude the ill and handicapped is another. One of these major fundamental problems is financing programs and services for recreation for the ill and handicapped. Sometimes it seems that money is the answer to all the problems. But, we all know that money is never the solution. The lack of money is simply the symptom of many other problems such as lack of public understanding and support, lack of professional involvement and commitment and so on.

But, the problem of funding and broad public understanding and support is a "chicken and egg" situation. Which comes first? Without one you can't have the other; if you have one, you have the other. But how does one change from being a "have not" into a "have" in terms of funding and financial support. The suggestions that I will make herein will deal simply with why we don't have it, where we need it and how in a few cases it might be used.

The lack of money in a number of major areas can be described as being debilitating to the recreation for the ill and handicapped movement. Here are the major problem areas:

1. Lack of funds for provision of local services.
2. Lack of Federal/State support programs and services.
3. Lack of "purchase of service" status with health and rehabilitation agencies.

Let's look at each of these levels and some of the related problems.

Costs are Higher

One fact must be faced at the outset. The provision of recreation for the ill and handicapped services is more costly than the provision of services for non-handicapped. In some cases the funding needed to serve 500 severely handicapped people would be equal to the funding provided for recreation service for a community of 50,000 people. Often recreation for the ill and handicapped requires intensive one-to-one types of professional service that recreation and park departments are not financially prepared to offer. There is no "cheap" solution or way out. If an agency determines that it is going to provide recreation services for the ill and handicapped, additional funds will be needed.

The Funding Dilemma

Presently, there is an unfortunate irony operating between the local level and the Federal level in funding for recreation for the ill and handicapped.

First, readers should recognize that the worldwide history of the development of special services for the ill and handicapped and rehabilitation services in particular has been a history of national governmental involvement and funding for services. Here in the United States the Federal Vocational Rehabilitation and Special Education programs as well as innumerable other health and rehabilitation programs, have been funded in significant amounts at the Federal level and program development and increased numbers of people being served at the local level has resulted.

In fact, the U. S. Rehabilitation Services Administration and the U. S. Bureau of Education for the Handicapped have supported research and training in recreation for the ill and handicapped but support for actual local services for the ill and handicapped has been outside their jurisdiction. Logically, they have interpreted the provision of direct services as a responsibility of the recreation and park profession and agencies.

What is the situation of the local recreation and parks department? Recently the National Recreation and Parks Association magazine, Parks and Recreation, published a series of National Positions Statements on Human, Natural and Fiscal Resources. In the Human Resources Statement, it said clearly that the ill, handicapped, disabled and disadvantaged should be served by local recreation and park agencies. But, in the Fiscal Resources Statement it said just as clearly that service to these publics would be possible only with Federal and State level financial help. The local park and recreation department cannot fund these special services under the present financial constraints.

Where does the Federal government stand? Well, the Nationwide Outdoor Recreation Plan recently published by the U. S. Bureau of Outdoor Recreation suggested that the ill and handicapped were the primary responsibility of the agencies closest to them, the local recreation and park agencies. There is no Federal program of support for recreation and park service at the State or local level to provide service for the handicapped.

What this appears to boil down to is that local agencies can't affort to foot the bill for recreation service for the ill and handicapped and the Federal government takes the position that the responsibility for ill hand handicapped will have to be borne by the local agencies.

My opinion, one that I have expressed formally to the U. S. Bureau of Outdoor Recreation, is that the Federal Government through the Bureau of Outdoor Recreation must develop a program of significant financial aid for State and local services for recreation for the ill and handicapped. We may spend billions to create, protect and maintain our nation's great recreation heritage and to provide for the recreation needs of future America yet unborn but the Federal Government cannot ignore the fact that up to 25 per cent of all Americans lack access to our current and future recreation legacy. For these special populations America's rich recreation legacy simply doesn't exist. It is not just, fair or fitting to leave the ill and handicapped holding the "recreation bag" to leave the ill and handicapped, as I have said before, "lumped and dumped" outside the park lands of America.

In summary on this point, the first line of attack on the lack of local services for recreation participation for the ill and handicapped and aged in our local communities is a Federal program of direct financial support.

The Local Community

The local community has its share also of responsibility for the development of local services for recreation for the ill and handicapped. There are a number of solutions that can and have worked. These include direct allocation of existing budgets, obtaining additional funds for the provision of services for ill and handicapped, and cooperation and coordination with local voluntary, educational and rehabilitation agencies in the funding of services and the provision of facilities. The critical issue in any given community is the degree of philosophical commitment that exists on the Commission or Board, among the professional staff and so on. The determination of parent advocates and consumers is also becoming recognized as important.

New Funding Models

Over the last five years there has been a search for new ways of obtaining funds through existing programs. For example, some five years ago a search started in San Jose, California for some means of using Social Security support for the provision of recreation services for disabled welfare recipients. It has taken five years but presently a program is being operated which has increased the number of people being served from around 250 to 2,500. Over a 24 month period it is anticipated that some $300,000 will be turned over to their recreation programs. This is providing a model for the entire nation. Other models are being developed.

The means to achieving this level of success in the provision of local recreation and parks services is along these lines. The local agency should organize a major administrative division, which deals exclusively with recreation services for ill and handicapped. The responsibility of the division should be the development, organization, funding and evaluation of programs and services.

The "Purchase of Service" Dilemma

As if one funding dilemma wasn't enough, recreation for the ill and handicapped has two dilemmas. The second dillema is based on the "medical model" in the provision of services through health and rehabilitation services such as Medicare.

The problem is basically that with the high and spiraling costs of medical care and all health related services, those agencies who purchase services demand a medical or functional diagnosis or assessment of disease, malfunction---they want a documented problem. Given the problem, they will then purchase services which will eliminate, reduce, ameliorate or in some observable and measureable manner diminish the problem and increase the patient's functioning.

Whereas purchasers of service will purchase surgery, physical therapy, preparation for employment, or remedial education, they will not purchase services designed to provide preparation for enforced or inordantly high levels of leisure (a recent quip defined unemployment as "non-preferential leisure") to provide transportation for recreation participation, to provide salaries for recreation specialists to work on a one-to-one basis in overcoming recreation isolation, recreation dysfunction, recreation deficits. These purchasers of service do no accept the fact that a person may be living in total recreation isolation off the job or in the home which may result in other problems for which purchase of service is a necessity, maybe more costly necessity than the purchase of recreation service. The purchasers of service are presently unable to accept the need or desirability of purchase of service to make recreational and cultural participation possible, to assure that the quality of life will attain a certain minimal level. I do agree with the philosophy and necessity for accountability in the current purchase of service scheme. In fact, I endorse the entire program. But, I do point out that an entire area of human experience is being left out. And, consumers and those who purchase service, and recreation people must sit together to work up some of the formulas and purchaseable programs that will address themselves to "aesthetic deprivation" and the quality of life of the ill or handicapped person.

In conclusion, let me say also that while there are many rehabilitation benefits that have been identified as being associated with the provision of recreation services to ill and handicapped, in the main purchasers of service do not buy recreation services on a therapeutic or prescriptive basis. Until this dilemma is dealt with there will be literally millions of people who will not receive the "therapeutic" benefits of recreation participation.

The Federal Program Vacuum

Through the efforts of a few units within the U. S. Department of Health, Education and Welfare, most notably the Research and Training program of the Rehabilitation Services Administration headed by Dr. James F. Garrett and Mr. Harold Shay and the efforts of Dr. Ed Martin, Deputy Commissioner of the U. S. Bureau of Education for the Handicapped, the BEH Research in PER Coordinator, Mr. Mel Appell, and the BEH Training in PER Coordinator, Mr. William A. Hillman, some progress has been made in the development of new knowledge and insight into provision of recreation service for the ill and handicapped, some progress has been made in training professional personnel at the masters level and some recognition has been garnered at the Federal level. Of course, the most important recent breakthrough has been the direct involvement of the U. S. President's Committee on Employment of the Handicapped headed by Mr. Harold Russell and Mr. Bernard Posner, with Mr. Paul Hippolitus as Executive Secretary of the Committee on Recreation and Leisure. But, only the surface has been scratched in the level of Federal programs that should be offered.

Whereas hundreds of millions have been spent in health, rehabilitation and education for the ill and handicapped achieving marvelous advances for the ill and handicapped in research and training and technical assistance leading to the solution of countless thousands of problems, providing thousands upon thousands of highly trained and skilled, dedicated workers in the rehabilitation of the disabled, at most only $10 million has been expended on recreation for the ill and handicapped.

I have written an article that appears in Leisure Today published by the AAHPER that describes a $20 million Federal program in recreation for the ill and handicapped. This program would provide research, training and technical services that are an absolute necessity if we are to make any significant headway in the development of recreation services for the ill and handicapped over the next 25 years. Without this type of program as a base, minimal level effort at the national and Federal level, we are whistling in the dark, and the irony here is that all we need to make such a program a reality is to decide that we want it. There is enough professional insight, enough consumer influence, enough potential humanistic dedication at this National Forum to make such legislation a reality, within 18 months from today.

What Will the Year 2,000 be Like for the Handicapped

There are a number of features of the recreation and leisure life style of the ill and handicapped that everyone at this meeting wants to see changed and improved. But, if we expect to make any progress we must obtain the funding necessary to do the job. We need services for people are indeed ill or convalescent, for handicapped who are living in the community, for those in institutions whose lives could be totally transformed through the provision of recreation for the ill and handicapped. Take just one population, the deaf-blind. This effort is supported by the U. S. Bureau of Education for the Handicapped. We are only into the first stage of this project but I am already convinced that through a project costing just under a hundred thousand dollars we will for all time considerably improve the entire life experience of people who suffer from this unfortunate condition.

I submit that unless we band together, consumers, professionals, parents and volunteers, that the year 2,000 may be little different from the year 1974.

Some Closing Thoughts

Those of us who have dedicated our professional lives to the achievement of dignity, the aquisition of the highest functional skills possible, and the attainment of person fulfillment for all citizens, for all people in direct regard to those quirks of fate that serve to differentiate the "able bodied" from the "non-able bodied" have before us the final challenge in the progressive growth of the concept of rehabilitation in the 20th Century. That final challenge is the achievement of personal dignity and fulfillment through recreational and cultural participation. We have witnessed the enormous advances made first in physical medicine and then in vocational rehabilitation, social rehabilitation and special education. Now, we are presented with the opportunity to push the frontier of rehabilitation knowledge and service even further to include recreational and cultural fulfillment. How can we do less than meet the challenge.

Remarks by Joseph E. Curtis
Master Consultant
Parks, Recreation, Physical Fitness
Leisure Service Management

(Mr. Curtis has been President of the American Parks and Recreation Society and the Commissioner of Recreation in the City of Boston.)

I salute the NRPA for doing this special Forum on Recreation for the Handicapped today. If it seems old hat to some of you it isn't to me. We haven't been very candid and very honest about this subject in the past. Further, I'd like to salute NYU, Michigan, Illinois, three University centers that I know during the past twenty five years that have been considerably ahead of the rest of the country in this very very delicate and very very sensitive area. I salute Harold Russell and his Committee on Employment of the Handicapped, his sub-committee on recreation and leisure for the handicapped, and I sincerely hope that, as a result of today's meeting, something exciting, something new will happen. Now, ladies and gentlemen, if I were three feet tall, I would have difficulty seeing you from behind this lecturn, or reaching the microphone that I stand behind. And if I were eight feet tall, I would have problems coming in that door and I would be extremely uncomfortable facing you and hunching down to utilize this average-sized equipment and mike in front of me. But I don't have that trouble because I belong to what I call a great mass of "AA's", the "Automatically Assured"; we're that great group of people who, from birth, have known that there will always be chairs our size, there will always be doorways that fit us. I don't even think about it. Stairs will be there, handrails will be available, and anything I use I will assume somewhat arrogantly that it will fit me. It will be just right for me, and we "AA's" are in the majority around the world, and we are the people who design and lead and set policy for life-styles. I don't mean to over dramatize that point, but I think it sets the flavor for anything I might say and anything we might do for the next day and a half. That's the key group, the Automatically Assured, and I'm one of them.

Now my assignment today is to try and represent those five to seven thousand people of the American Park and Recreation Society who earn their living in parks and recreation work. It's a very fine profession; I've been in it about twenty-six years; I love it; I would not leave it, but I must also acknowledge here today that we're deeply rooted in an ignorance approach; we know so little

about the subject we are talking about here that it's frightening. I've been asked to be very candid today, I may say some things you won't like. I may even be a little bit it bad taste but that's because I'm incapable of being completely candid, and simueltaneously very cautious. My instructions from Dave Park and from John Nesbitt were to open up, say things which people would want to hear whether they like them or not, so I will be trying awfully hard to be that candid.

The professional ignorance I spoke of is represented by the fact that, when Harold Russell is up here, and when Harold demonstrates the enormous dexterity in those mechanical hands, he makes me painfully aware of how little I know about my own natural hands, how little I appreciate them, but more, how little I know about them. I've become interested recently in the eye and blindness, and again terrified by my ignorance of that organ. We have detached retina, we have all shades of color blindness. I was too color blind to be a fighter-pilot in World War II. We have Glaucoma and cataracts, and we have self-impsoed coma situations, where people don't want to see and the question is, "Who is blind?"

And we have multiple sclerosis, muscular dystrophy and cerebral palsy, and I suggest to you when I cross the country and talk to my associates, very few would know the difference; very few would know what basic approaches are appropriate with these different diseases. I've so much to learn, I'm appalled at my ignorance and I'm aware of the fact that we're fortunate up in Boston to have a girl like Bea Anderson. If you don't know Bea, she's a extremely skilled athlete, a wheel-chair athlete, a long-time champion in the Special Olympics. Bea has frequently sat with me and talked about this subject, or listened to me talk about it, and "tsk-tsking" when she realized how little one of the old guard like me, a twenty-six year veteran in this field, how little I really know about what her life is like. Yet I'm expected to work with her and serve her needs.

Now, I've worked in seven geographic areas in the United States and during that time I've worked rather closely with organizations like Easter Seal, Muscular Dystrophy, Cerebral Palsy, a little bit with DAV, the American Foundation for the Blind, the Kennedy Foundation, and the Association for Retarded Children. What are some of the facts that come out of that twenty-six year personal experience? Well here are some of the soft facts, three of them: 1.) There are very few handicapped people employed in our field of parks and recreation. About three years ago, we began a drive in Boston's City Hall, particularly in Boston's Parks and Recreation Department, to sincerely involve obviously handicapped people. We worked very hard for nine months with a great deal of fanfare, and an honest attempt by some of my people, and I stress <u>some</u> of my people, to bring in handicapped talented professionals and para-

professionals. At the end of that nine months we had employed two in my department which comprises about nine-hundred personnel. We were quite happy that we had gotten anybody through the bureaucracy. Shortly after we brought in the two, one of the ladies involved, a stunningly beautiful young woman in a wheelchair, suffered a new physical breakdown and began going to the hospital several times a week. Some of my staff came and said, "You see, just as we told you, we can't count on her. We realized that this was going to happen," is what they told me. Here we were confirming the old myth that if we bring in people of this kind, we are only setting a stage for problems.

Recently, under the auspice of Pepsi-Cola Corporation, as a consultant, I traveled around the country and visited fourteen cities. Because I knew I was coming to this conference, I did a little questioning of the parks and recreation executives, asking how many people they hand on their staff who obviously had some limb or some muscular situation that might be declared a physical handicap. We found in those fourteen cities, twenty-five people who might be identified as having a physical handicap. The total personnel in all those 14 departments ranged well above the five thousand mark. That's something like one in two hundred were people who were actually accepted with the understanding that they could do a job as well as a non-handicapped person.

Soft fact number 2.) We have very limited number and variety of programs that actually reach out and try to involve the handicapped person, whether his affliction be sight, limbs or one of the more complex internal situations. Thirdly, I find so little creativity in programs involving the handicapped. For the most part, they become the movers of bodies. Great stress is placed upon the annual picnic, the annual rodeo, the annual basketball event, the annual along-the-riverbank situation and something like what I would call a Normandy invasion is arranged. Vast fleets of busses, trucks, public address equipment and troops of volunteers are involved and, although it is a movement of people, it has something of a troop movement. The people are brought together in great quantities and expected to respond somehow as a body, as a group. They're supposed to laugh at the same time, eat the packaged chicken lunch at the same time, and go home with the same degree of good feeling and excitement. This is not the way we work with the general public, but in the case of the handicapped, most cities have their annual handicapped event, which becomes a meat mover, a body mover. In some cases, it might much more efficiently be done in moving vans or closed trucks, than utilizing the more expensive busses. We've done it it Boston, along the Charles River, attempting to move 5,000 people in one day, from the various hospitals, nursing homes and centers of all kinds in the greater Boston area. We've moved them by the <u>thousands</u> and

it looked like an event in which people were moved by the thousands.

Here are some hard facts, if those other facts were soft. Hard fact number 1.) Programs involving you folks, both therapeutic staff people and the consumer handicapped person himself, are very expensive. I've found over the last few years for it to be two to three times, repeat, two to three times, as expensive to provide a program in swimming instructions, baton twirling, soft ball, basketball, team games for a group of handicapped citizens as compared with serving a group of completely able-bodied citizens. Two to three times as much, an undeniable fact, a fact of life in a very economically-oriented society. Hard fact number 2.) The work with handicapped people is tiring, demanding and depressing. Now remember who's talking to you, a person who, for the most part, is not suffering from one of the handicaps we're discussing. I have found that I do become tired, and I have relatively little exposure to large numbers of retarded citizens, large numbers of mongoloid children, large numbers of people whose every movement involves a great complex of logistical thinking.

In my attempt to learn more about the blind, I communicate with a very close friend in White Plains who has been blind most of his life, and we do engage in a good deal of this kind of discussion. Not too many years ago, I spent a day with him, specifically to find out what his day way like. By the afternoon I was bored terribly. I was weary of having to move with my friend. He didn't need me, but in my attempt to be with him I was sick of trying to think ahead, trying to anticipate both what he needed and anticipate the fact that I was not supposed to provide it. I was tired by the afternoon and my heart went out to people who work with him and with people with this type of problem. We came home at night and as we went up to the steps of his house, my friend Brian, just as the door opened and his wife appeared, slipped and fell. My impulse was to go to him, and then suddenly I realized that his wife hadn't moved. She stood there like a post, as my friend in the wet on the steps managed to draw himself up and say Goodnight and go in. A tremendous lesson to me. She who lived with him and loved him, in her wisdom, understood that Brian didn't want to be picked up like a sack of potatoes and helped. He was left on his own. He climbed to his feet and went in, showing no embarrassment. I was the only one embarrassed. So it's uncomfortable to us AA's.

Thirdly, there's a basic repugnance in us AA's for those with visible handicaps. There's also a strong note of hypocrisy in this. For years, I have preached at conferences, and I have joined people on panels who preached louder and stronger than I, that "We love you," "We want you in our programs." "We need you and we know your needs."

Yet we secretly say, "Thank God I don't have to work with those ugly people; I can't stand being around them." There is a deep sense of repugnance for the blemished skin, the missing eye, the palsied leg, the twisted body, no matter how much we posture and say it doesn't bother us. There's a tradition here, not only in America, but in the world, throughout the advertising business, throughout society, to stress the body beautiful. I was taught it at NYU, the importance of the whole body, several years ago. It was taught very strongly to me, the whole body, the totally functioning body. The advertisements which show the mouth of beaufiful white teeth, the suntanned complete body, swaying along the beach, the swagger of the voluptuous Sheraton girl. They never show a person who is one iota less than perfect. The Kodax ads, and General Food ads, and the recruiters for every college campus show beautiful people at Michigan State or at the University of Southern California, the United States Army shows Blacks! It shows people with mustaches and longer sideburns than they did ten years ago, but they show whole, complete, beautiful people. And this is the milieu in which I've been professionally raised, me and the rest of my AA's. What do we say when you are not around, not only the handicapped consumer but the therapeutic person, because we don't trust them, they relate to you handicapped people more than to us. We think they'll snith, we think they'll tell the consumer what we really think. We say things like, "That program is too expensive; hell, I can do three normal programs for the price of one of those." We say we're sorry for them, and really we are. We wish we could do more. We say, "I lack trained leadership; I don't have anybody on my staff to work with these kind of people and I'm too busy myself." We sometimes raise an eyebrow and say, "I wonder, though, can we get some good public relations from this? If we handle it right can we parlay this into a bigger budget item?" Finally we say, "What the hell is wrong with those therapeutic recreation people, they went to school for this? Why don't they take this burden off our municipal backs in Lima, Ohio, or Peoria, Illinois?"

Now what are we going to do about it? You are not here to listen to my soul-searching and confession. You are here to move ahead. Well, I suggest that we approach the entire problem from a cost effectiveness basis. We have realized that handicapped people must become part of this profession in a way that even Charley Fraser didn't stress enough. You've got to graduate from the little sequestered branch kind of thing and you've got to saturate our profession. If there are truly the millions and millions of handicapped people Charley said there are and, I happen to agree when one considers the infinite number of possible handicaps, then there are millions and millions of you. You must become a larger part of our profession. You must be an integral part of it, identified with it, not simply a supplicating branch saying, "Please, AA's, understand us and help us." Secondly, you must drop all segregation,

stop approaching the program on the basis of trying to find how many things we can do together and how many must we do separately. I say, drop the segregation completely. We know that there is no way in life that everybody identifies with everybody else. We don't put eight-year old children in our senior park basketball leagues and we don't put people who haven't learned to swim in our International Olympics. So we don't have to keep saying, "Well, you do need some separations here or there." If I were one of you, I would insist upon no segregation, and let me find my own level. If, physically, I can't make it, let me drop by the wayside. But don't tell me in advance that I can't come into the dramatics program, because I can't wheel up and down the stage. Don't keep me from the art program because you say, "But of course you can't see." Let me find out for myself; I'm a bigger boy or girl than you realize. Drop segregation totally!

A word to the volunteer agencies YMCA, YWCA, Easter Seal. You've been way ahead of the public recreation and park people for twenty years. Stay there. Compel the local parks and recreation agencies to be much more responsive. Don't go in and plead; don't bring your constituents as though you deserve something less than full treatment. Get into the top leadership, reach the mayor, the commissioner of parks and recreation, the Board or Commission, and compel them to understand that you are legitimate constituents, not supplicants. For God's sake, drop that supplicating attitude. It demeans you. I can tell you in advance, before the doors are open for the meeting, that if you approach in a supplicating, demeaning way, we've got you licked. The best you'll get out of it is another bus trip.

I suggest that you invade the architectural world. I don't mean have your committee come in occasionally to meet with the architect. Become architects! Design, design so radically and differently that the architects come to you. If that sounds like pie in the sky, it is not. Architects are not gods, they're not all terribly creative. Matter of fact, as a body, they're one of the most conservative groups in the world. You can move ahead of them and design facilities for them and become architects, both professionally and lay.

In the area of cost effectiveness you must find a new formula. The formula today shows that I can run for one-third of the cost, the same program among so-called fully able people. You must create a new formula which takes into consideration the wheels that you are riding on, the fact that you have to accommodate additional life style factors. When people compare the costs of beds, they don't overlook the maternity ward with all of it's staff overhead; they don't lump all of the machinery of the cardiac care center and equate it on a per person basis with some general ward where people go to have their appendicles out. You are suffering

under that kind of poor comparison formula. You are not one person vs one person. The formula that you must work your cost effectiveness on should accommodate the fact that you have suffered experiences which most of us AA's don't know or appreciate, and that you also do a great deal of educating that we never pay you for. This should be in the formula. The handicapped consumer has to be in on the input at every level, as an employee, as a policy-maker, as a consumer, as a committee person. He must choose a variety of attack points. These include the city, the industry, the campus, and, get this one, I was hoping Charley would be here, the resort level. Ladies and gentlemen, the leisure industry in the United States involves two hundred fifty billions of dollars annually in consumption, two hundred fifty billion. By comparison, the public recreation and park involvement is about two to three billion dollars annually. Notice the ratio of one, to a hundred or more. Now if you are not part of that big two hundred fifty billion dollar phenomena you are going to be left behind in the planning. Charley Fraser is part of that big leisure picture, wearing two hats, one as our Chairman, the other as a private entrepreneur. His resort, like many resorts across the country, is an excellent attack point for you to become staff members, policy-making members, constituent users, consumers, and thus make yourselves felt across the board. Again, not as supplicants coming in saying, "Please put in one ramp or one extra door." Rather, as to be part of the entire picture, not just a little appendage.

Finally, I would say this of the transportation area. For heaven's sake, ask for less transportation and more sophistication. Please stop people from taking you across state lines, or taking you vast distances so that you can picnic under the pines of some state park that takes you three hours to reach. Picnic in back yards, in local city parks, play softball, do dramatics, walk the streets, ride the streets, bicycle, demonstrate in your cities and in your communities and in your suburbs. You are not some kind of a strange group of people who must always go great distances by troop-train in order to have a good time. If the amount of money going into these busses and trucks and food cartings could be focused on expanding your programs at the root, I think all of us would be far, far ahead.

In the matter of state and federal aid, if I had my druthers, the giving of state and federal aid would be predicated on my showing just what I was doing with the money, and not only on equal employment racially and in all other ethnic ways. I would insist that every recipient organization on a municipal level show that the director and members of his staff frequently exchange personnel with private agencies working closely with the handicapped. I would insist you evidence that the top management returns to the campus,

return to the agencies themselves, and displays the genuine interest in what this is all about, this world of the handicapped. I am talking about the commissioner, the superintendent, the director of parks and recreation in Altoona, or in Chicago or in San Antonio, Texas. How much does this man or woman care about, really care about, learning what the world of the handicapped is all about.

There's going to be a tremendous expansion in the next few years, ladies and gentlemen, in medical advances and devices; you've seen a good deal of it over the last ten. The future shock phenomena will cause these advances to come more quickly every year. They will provide unsighted people with electronic sight, pacemakers for heart patients, artificial organs and more sophisticated devices for paraplegics, devices to permit people to do almost everything that a few years ago was regarded as gone forever for persons who lost a hand, a leg, or had his heart transplanted. As a result, this complex society of ours will become even more complex and it will be increasingly difficult to determine who is the complete person, in terms of being born complete, and who is the person who's capable of doing everything he or she wants to do with the help of electronic and mechanical devices. This means that you are really on the threshold of moving into the mainstream of life. A few years hence, we will not be able to recognize you from the former AA's.

You have a terrible challenge, it's frightening to me because of how limited my knowledge is, and I presume to think that I'm some six inches further down the road than a great many of my colleauges and my associates.

The commentaries of Peter Matthew Henry once said that, "there are none so blind as those that will not see." Well as one of those AA's, those Automatically Assured people, my eyes and those of my associates have to be yanked very forcefully open by you. I hope today is a start in that direction.

Thank you.

Remarks by Harold Russell, Chairman
The President's Committee on Employment of the Handicapped

It's a real pleasure to be here, at this National Forum on Meeting the Recreation and Park Needs of Handicapped People.

I don't have to remind you that this is the first of its kind ever to be held. We here are pioneers. What new territories will we discover?

I want to add my own welcome to that of John Nesbitt. It's a welcome that applies to everyone here equally...but I do want to add a special greeting to all the recreation and park professionals who have come to this Forum.

This doesn't mean I am any less grateful for the support of the handicapped delegates and their advocates. It does mean that I am fully aware of the willingness of the recreation and park people to candidly discuss the special problems faced by those who are handicapped.

This open-minded attitude can result in only one thing: better and brighter days for those people who happen to have handicaps.

What I want to do this morning is explain the reasons we are so concerned with the problems facing handicapped people in the matter of recreation and parks...and also to explain what we expect this forum to achieve.

I will begin by telling you a bit about the President's Committee and its basic philosophy over the years. Ever since the Committee was established more than a quarter of a century ago its purpose has been to promote equal employment opportunities for handicapped people who are qualified to work, who have the potentials to work and who need only the opportunity to work. The key word is "qualified."

Now, what does that word "qualified" mean? Who is qualified to work? Is it only a person who has the necessary training and the necessary skills? Is it only a person who can come to work at nine and leave at five, keeping his nose to the grindstone, doing just what is expected of him?

Or is it a person who offers an employer something more than that?

Look around you. Look at yourselves, at your associates, at your friends. Which make the best employees, do you think? Which make the employees with the best potential for growth, for leadership, for development?

Obviously it's not just the man or the woman who knows his job and nothing more. Obviously, it's not just the person who has just a single dimension to offer the world.

Instead, it's the well-rounded person, the total person. It's the person who lives a well-rounded life. It's the person who is totally alive, totally aware, all of his waking hours, the person who continuously grows, both on the job and off the job.

You know what I am driving at.

It's the person who knows how to make recreation a part of his life, just as he knows how to make work a part of his life. It's the person who grows through recreation, just as he grows through all the other experiences of daily living.

You can see why we have been so much interested in the Committee on Recreation and Leisure of the President's Committee. We realize full well that handicapped people don't always have an equal opportunity for recreation, just as they don't always have an equal opportunity for employment.

And we realize that when society deprives handicapped people of an equal opportunity for recreation, society holds them down...personally, professionally, vocationally.

To put it in even stronger terms, if handicapped people cannot partake of the recreational facilities of their communities, their potential for growth is lessened. A lessened potential for growth means a lessened ability to compete for jobs. It means not equal opportunity, but less-than-equal opportunity.

That's the issue facing you at this Forum. That's the reason why the Standing Committee on Recreation and Leisure and its able Chairman John Nesbitt has recommended this Forum, with the concurrance of the National Recreation and Park Association.

You are going to be considering problems with many sides. What are the problems in the field of recreation, as handicapped people view them? On the other side, what are the problems professionals in recreation see?

I hope this Forum will provide a meeting ground for diverse viewpoints, and out of it all will come glimmers of solutions.

It's not enough for handicapped people themselves to propose solutions as them see them. Nor is it enough for the recreation profession to propose solutions as they see them. Only together can problems really be solved, realistically and beneficially.

The President's Committee and NRPA have recognized the disadvantages of going it alone. And so here we are, together---handicapped people, recreation people---in the same room, across the table from one another.

In this way, we hope that each group can become sensitized to the problems of the other.

The Forum can work if people are candid. If they accept diverse opinions as genuine, if they consider diverse opinions open-mindedly.

I look forward to great results from this meeting, the first of its kind. I know that the result will be greater opportunities and fuller lives for those citizens who are handicapped.

Remarks of Raymond L. Freeman, Assistant Director, Development, National Park Service, Department of the Interior, at the National Forum on Meeting the Recreation and Park Needs of Handicapped People.

It is a real pleasure to be here today to give you a brief summary of the National Park Service involvement and commitment to the needs of handicapped people.

Parks are for People. All the people. The beauty of a mountain wilderness, the sense of identity and continuity to be found at historic shrines or the freedom from the constraints of urbanization that exists at the seashore or prairie---these things are the birth-right of us all.

Those whose activities are restricted by physical handicaps may not be able to take part in many activities at our national parks, nonuments, and recreation areas. There is, however, no limitation upon their ability to enjoy in other ways the miracles of life and living that make man realize he is a part of nature.

I think that the handicapped will be pleasantly surprised at the scope of activities and facilities now available to them in the National Park System.

Too often in the past, public facilities were planned without regard for their needs. The National Park Service is now working on a program of building new facilities that easily accommodate the handicapped and of removing existing obstructions to the full use of all facilities.

Much of the current effort is being done in connection with National Park Service planning for the Nation's Bicentennial. We expect a great increase in visitation to park areas in 1976. Many of these people will be handicapped.

By that year, ramps and elevators will serve them at the Jefferson and Lincoln Memorials. Restrooms are being constructed on the Mall in Washington, D. C. to include facilities for use by disadvantaged individuals.

Independence National Historical Park in Philadelphia where the birthplace of our country took place, will be much more hospitable for the handicapped by the time of the Bicentennial. They will have easy access to the new visitor center there. The First Bank of the United States, also at Independence National Historical Park, is being renovated and readied for public use. Ramps are planned so that persons in wheelchairs may enter.

It should be pointed out, however, that facilities such as ramps may be used by non-handicapped persons as well. There may not be a need at many places to provide both ramps and steps. We feel quite strongly that design for the handicapped should be an integral part of the design for the non-handicapped.

All National Park Service plans for construction and renovation of facilities are reviewed at our professional office in Denver where personnel pay constant attention to the needs of the handicapped.

Once they reach the parks, every effort is made to afford them comfort and convenience. Park personnel---Rangers and Interpreters---are trained in first aid and emergency treatment, and, what is important, they are alert to the needs of those who, for some reason, are restricted in their movement about the parks.

Ramps and graduated paths permit access to buildings and higher elevations. Automatic doors and wide passageways facilitate the movement of wheelchairs. Hospitals and on-the-spot equipment are available for heart patients, and special audio programs and contour exhibits assist the blind.

The National Parks are particularly concerned with the deaf, the blind, those confined to wheelchairs, and heart and special medical patients, but visitors should not hesitate to seek advice or assistance for any purpose.

Among the handicapped, the deaf visitor to the parks is probably the least disadvantaged from the park and recreation standpoint. All museum and wayside exhibits and trails are appropriately signed and marked with interpretive messages. However, transcripts of audio programs and lectures have been made in some areas.

Few areas are restricted to the seeing-eye dog and the blind are welcome in every park. Where there are no special programs and facilities, park personnel are available for assistance.

Special efforts have been made in many areas to accommodate the blind, such as the Meade Station Trail at Petersburg National Battlefield, which is posted with braille markers. Yellowstone also has a braille trail and a "Three Senses Trail." A number of the mountain and canyon parks have constructed contour maps, which may be touched by blind visitors. Many park concessioners have small plastic contour maps for sale.

In those cases where "don't touch" restrictions prevail, such as the log cabin at Lincoln Birthplace, regulations are suspended for the blind.

The most common problem for wheelchair visitors are steps and door widths. With few exceptions these obstructions have been eliminated or modified so that visitors are free to move almost any place. Nature trails and walkways are packed and smooth and some are paved with various textured materials. Ramps are provided at curbs, steps, and building entrances. Handrails have been installed in restroom facilities. Scenic overlooks are equipped with guardrails. Special assistance is provided for conducted tours.

With the exception of traveling on rugged terrain or unusually steep inclines, wheelchair visitors can enjoy the national parks as easily as anyone else.

However, visitors with respiratory ailments should pay particular attention. Paths and trails are adequately marked, but when in doubt, visitors should inquire at park headquarters.

Oxygen and other respiratory equipment are available in such parks, and personnel have been trained in their operations. Most parks have doctors, nurses, or medical attendants either within the park boundaries or in nearby towns. Grand Canyon is probably the most completely equipped to handle all medical cases. A hospital is on the park grounds. Yellowstone and Yosemite also have hospitals in the parks.

Certain parks have "living History" presentations. These dramatic and popular programs bring to life a historic or natural history feature of the park. For example, Park Interpreters may show the operations of ironworks at Saugus or a whiskey still at Catoctin Mountain. Some demonstrations deal with a single action or craft, such as firing an 18th century musket or weaving an Indian basket, while others illustrate the life of a military camp, a farm, or a period home.

In almost every instance, handicapped persons can find some enjoyment in these activities. Exceptions always are made for the blind so that they may participate by feeling the utensils, artifacts, and products. Upon request, wheelchair visitors will be assisted to better viewing positions.

As a note of interest, the National Park Service currently employs some 70 handicapped people and I might add that they are not all sitting in the Washington or Regional offices. Our personnel policy encourages offices at all levels to develop a sensitivity to the handicapped employee as well as an emphasis to hire these valuable people.

The National Park Service has produced an informal memorandum on planning and design of trails for the blind and other handicapped. This has been distributed to all NPS offices and available to those organizations and individuals who are interested. About three years ago, we published a booklet entitled, "National Park Guide for the Handicapped." It is available at the Government Printing Office.

The Service has developed trails for the handicapped, but they are used by all people. There are trails at Arcadia, Delaware Water Gap, Hapers Ferry, Rocky Mountain. Much of this work has been done by the NPS Youth Corps groups. These young people involved the handicapped in planning these facilities. The Youth Corps has also assisted local communities in planning and development for the handicapped.

At a recent conference in Asilomar, cosponsored by the Western Interpreters Association and the Association of Interpretive Naturalists, one session dealt with the special needs of the handicapped. Ms. Jacque Beechel of the University of Washington College of Forest Resources has been studying the facilities available to handicapped persons across the nation. Here are some of her conclusions:

A. Facilities should be designed with and by the handicapped.

B. Facilities should not be separate but should be used and useful for all visitors.

C. Braille signs are a waste of money.

D. The problems of the deaf have been ignor[illegible].

I cannon speak on (C) but I have already mentioned what we are doing in regard to (A), (B) and (D). Facilities are being designed by the handicapped in conjunction with NPS designers; we are designing facilities with ramps that can be used by all visitors; signs and written material identify

and describe National Park Service trails and exhibits. A deaf person can follow the Battle of Gettysburg by using the self-guiding tour brochure available at park headquarters.

The National Parks and Historic Places embrace both the wondrous diversity of our natural inheritance and much that is significant from our national past. Every American should know these lands. We issue a specific invitation to the handicapped.